

AF/1600

CERTIFICATE OF MAILING

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Name (Print/Type) Donna Macedo Signature *DMacedo* Date 11-05-2001

TRANSMITTAL

☒ Small Entity ☐ Large Entity

Application Number 09/440,829
Confirmation Number N/A
Filing Date November 15, 1999
First Named Inventor Chenchik et al.
Examiner Forman, B.
Group Art 1655
Attorney Docket No. CLON015

ENCLOSED:

	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule	Total	24	24	0		\$ -
<input checked="" type="checkbox"/> 37 CFR § 1.116	Independent	5	5	0		\$ -
<input checked="" type="checkbox"/> Pages 7	Multiple					
	Total Extra Claim Fees					\$ -

☐ Applicants Petition for an Extension of time from _____ to _____ Fee _____
A month extension was previously filed and paid for thereby reducing the basic fee

☐ Response to File Missing Parts (with copy of formalities letter)

<input type="checkbox"/> Filing Fee	Fee
<input type="checkbox"/> Executed Declaration Pages _____	Surcharge Fee
<input type="checkbox"/> Other _____	Fee
_____	Fee
_____	Fee
_____	Fee
Subtotal	\$ -

☐ Information Disclosure Statement

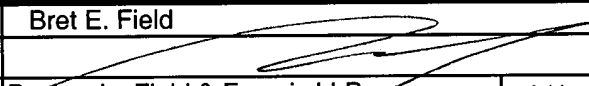
<input type="checkbox"/> PTO Form 1449	Pages _____	Fee
<input type="checkbox"/> _____ Copies of Cited References		
<input type="checkbox"/> Other _____		
Subtotal		\$ -

RECEIVED
JAN 22 2002
TECH CENTER 1600/2900

☐ Response to Notice to Comply (with copy of Notice to Comply)

<input type="checkbox"/> Sequence Listing Certification	Pages _____	Fee
<input type="checkbox"/> Paper Copy of Sequence Listing		
<input type="checkbox"/> Diskette in computer-readable format		
<input type="checkbox"/> Other _____		



<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee \$ -
		Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____		Fee _____
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$ -
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore.</p>		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED		
Name (Print/Type)	Bret E. Field	Registration No. 37,620
Signature		Date 11-05-2001
Firm Name	Bozicevic, Field & Francis LLP	Address 200 Middlefield Road, Suite 200
City	Menlo Park	State California zip 94025
Telephone - Direct Dial	650-327-3400	Facsimile 650-327-3231

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